

Petoskey News Review
Editorial Department
Guest Editorial -- Congressman Bart Stupak (Menominee)
3/22/04

I have said I would not respond to each and every letter or editorial in this newspaper regarding Northern Michigan Hospital (NMH). But I feel I must respond to the recent guest editorials by NMH CEO Tom Mroczkowski and Dr. H. Gunner Deery, the hospital's Infection Disease Specialist.

It is reckless to dismiss the infection control problems at NMH as just "policy, procedure and process issues," as both Mr. Mroczkowski and Dr. Derry described in their guest editorials. These issues have been linked to infection control concerns at the hospital since last year.

In fact, I have attached meeting minutes from the hospital's own May 2003 Infection Control Committee, chaired by Dr. Deery, which stated that the hospital's blood stream infection rate was "the highest rate we have ever had" in the first quarter of 2003. After the hospital was able to achieve its lowest urinary tract infections rate ever in 2002, the committee saw a "significant increase" in the infection rate in the first quarter of 2003. The committee noted the "upward trend" in ventilator associated infections "has been occurring in the last two quarters." The committee noted that there should be ongoing surveillance and action-steps to address the rising infection rates.

Those minutes also said NMH would correct those problems. However, the Governor's Blue Ribbon Panel in August 2003, five months later, reported similar problems. My question is: what was the hospital doing between May and August to address these problems?

Last fall, the federal Centers for Medicare and Medicaid Services (CMS) documented problems in infection control. These citations were serious enough to automatically trigger a hospital-wide inspection. In its January 13th, 2004 letter to NMH, CMS outlined a number of areas deficient in patient care. They included poor oversight of nursing care of patients, failure of nursing staff to keep current nursing care plans for each patient, lapses in preparing and administering prescription drugs to patients, failure to ensure that outdated and mislabeled drugs were not available to patients and inadequate measures and monitoring to ensure a sanitary environment to prevent the spread of infections and communicable diseases.

So, the hospital's own infection control documents, the Blue Ribbon Panel Report and the CMS report all document similar infection control concerns. Meanwhile, my office continues to receive a steady stream of complaints about NMH conditions.

In my 25 years of experience as a law enforcement officer, a lawyer and a U.S. Representative serving on the Energy and Commerce Committee's Health Subcommittee, I have seen individuals and organizations under scrutiny, either come up with excuses or

use other diversionary tactics when really, all they needed to do was own up to and fix the problem.

I know that the overwhelming majority of the hospital's doctors and support staff have foremost in their minds the delivery of safe, quality health care.

But the continuing reports and complaints of infection control cannot and should not be so easily dismissed by hospital officials.

I call upon NMH officials to release their monthly minutes on infection control from January 2003 to present. I cannot imagine why NMH would hesitate to make these documents public if this facility has no infection control problems.

As I write this, CMS is finalizing their report of its hospital-wide survey. It is my hope that CMS comes back with a clean report for NMH. If it doesn't, and additional problems with patient care are found, then I have little doubt that NMH will work with CMS to address and correct those problems and not continue their duck, dodge and deny strategy.